

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/677900
APPLICANT'S NAME

FILED DATE

	AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
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TOTAL IND.	7	7	7	7			
TOTAL DEP.	18	18	18	18			
TOTAL CLAIMS	25	25	25	25			